


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90115 030 ***150.00

DOCUMENT # P02000085740

1. Entity Name
COVEX PHARMA, INC.



Principal Place of Business
**1390 BRICKELL AVE.
 SUITE 200
 MIAMI, FL 33131 US**

Mailing Address
**1390 BRICKELL AVE.
 SUITE 200
 MIAMI, FL 33131 US**

2. Principal Place of Business
1114 S. DOUGLAS RD

3. Mailing Address
1114 S. DOUGLAS RD.


Suite, Apt. #, etc. **6**

City & State
CORAL GABLES, FL.

City & State
CORAL GABLES, FL.

Zip **33134** Country **MIAMI-DADE USA**

Zip **33134** Country **USA**



04202005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0526478

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AGRAMUNT, LUIS
 1390 BRICKELL AVE.
 SUITE 200
 MIAMI, FL 33131**

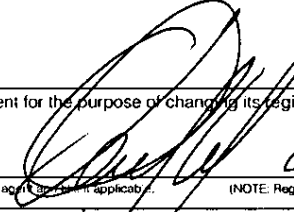
7. Name and Address of New Registered Agent

Name **LUIS AGRAMUNT**

Street Address (P.O. Box Number is Not Acceptable)
1114 S. DOUGLAS RD. #6

City **CORAL GABLES, FL** Zip Code **33134**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **LUIS AGRAMUNT** **04/19/05**

(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

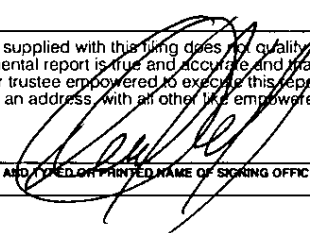
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CALVO MONDELO, FERNANDO 1390 BRICKELL AVE., SUITE 200 MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1114 S. DOUGLAS RD. #6 CORAL GABLES, FL. 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:  **FERNANDO CALVO (PUB)** **04/19/05** **(305) 448-3027**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #